The Hampden Hippocrat

OCTOBER
1975

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The Woman's Auxiliary to the Hampden District Medical Society
1975 – 1976

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Contents

ISSUE THEME: The Woman's Auxiliaries

The Officers, Committee Chairmen, Censors and Councilors 1975 – 1976 4
Your President's Page – "Now, Not Socialized Medicine, But Bureaucratized Medicine", Gardner Cox, II, M.D. 5
A Short Message from the President of the AMA Woman's Auxiliary – Mrs. Earle E. Wilkinson 6
Hilites of the Executive Committee Meeting, September 16, 1975 7
THIRD ROUGH DRAFT – Voluntary Professional Liability Arbitration Plan (to be kept for reference) Eugene Boss, Jr., M.D. 10
Notice to Readers – A Hippocrat policy statement; Medical Staff Program Announcements 13
Synopsis of the Minutes of the HDMS District Meeting, September 23, 1975 15
Editorial Comment of this Issue's Theme – "We Do It Together–As Always" The Editor-in-chief 16
A Brief Message from the President-Elect of the AMA Woman's Auxiliary, Mrs. Norman H. Gardner . . . 17
A Message from the President of the Woman's Auxiliary of the Massachusetts Medical Society, Mrs. Benjamin Matzilevich 18
Officers and Chairpersons of the Woman's Auxiliary to the Massachusetts Medical Society 19
A Message from the Hampden District Auxiliary President, Mrs. Walton E. Stevens 20
The Social Program of the Hampden District Auxiliary . . 23
The Invitation to the Annual White Cap Scholarship Ball – 1 November 1975 23
The Prizes for the Health Career Scholarship Raffle, 1 November 1975 24
Services Available to the HDMS Physician; The Message Center, Leonard Colen "The Art of Communication and the Wonderful (?) Pocket Pager" 25
Special to the Hippocrat Readers by permission of James M. Vaccarino, Director Legal Affairs of the Massachusetts General Hospital – The MP Legislation 27
The 1975-1976 Scholarship Recipients of the HDMS Woman's Auxiliary 29
The List of Your Advertisers – Always Indicate to Them That You Have Seen Their Ad 30

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THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Communications pertaining to editorial content should be addressed to the Editor-in-Chief, 24 Salem Road, Longmeadow, Mass. 01106

Business communications should be addressed to the Business Manager, 91 School Street, Springfield, Mass. 01105

Communications pertaining to advertising should be addressed to Mrs. Arthur Willard, 62 Irvington Street, Springfield, Mass., 01108; Telephone: 733-5336.

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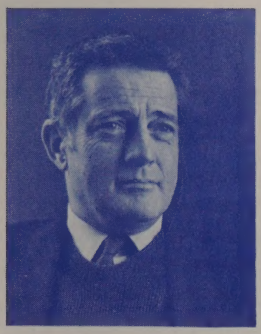

Your President's Page

NOW, NOT SOCIALIZED MEDICINE BUT BUREAUCRATIZED MEDICINE!

Fellows:

About one year ago a health man-power act was passed by the federal government. This was discussed at the January A.M.A. meeting in Chicago in some detail and a copy of the bill has been looked at by your President. At the time of the January Leadership Conference meeting at the A.M.A. this bill was likened to a public utilities law that was to be extended to the health care profession. It covered not only facilities but also man-power, location of same and the control of same through federal mechanisms. It has very extensive connotations and as far as I know at present is being challenged legally, the results of which I am not aware at this time.

It basically designates the Secretary of Health, Education and Welfare to set up national, state and regional health planning groups with supervisory capacity in the planning field to determine the availability of services and develop a health services plan for each area which is to be annually updated. This plan will, in effect, note the health service availabilities both institutional and non-institutional in any given area; will determine whether the area is providing suitable services for all concerned, rural and metropolitan; and is to make recommendations for their designated location. It is to correlate with the P.S.R.O. in the area for review of the results of the services given. It has in the bill four pages of listed purposes that start out with: 1) Improving the health of residents of a health service area, 2) Increasing the accessibility—including overcoming geographic, architectural and transportation barriers—acceptability, continuity and quality of the health services provided, 3) Restraining increases in the cost of providing health services and 4) Preventing unnecessary duplication of health resources. The bill then goes on through four pages of further definition of the functions of this health planning agency.

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As was stated at the American Medical Association convention, what this really did was to establish a regulatory agency for the control of health services beyond that control of quality review as defined in the P.S.R.O. law. On of its mechanisms is the certificate of need type legislation, the review of proposed changes in health service facilities or delivery and its recommendation or not. It also provides that if, in fact, the agency does not approve of a change that its disapproval will cause another review by the Secretary of H.E.W. where he can disburse any federal funds into the project.

It is quite obvious that the implications and the involvement of this new regulatory body into our lives as practitioners may be very extensive. It is the feeling of your President that we should have some explanation of this and at our next District Medical Meeting there will be a presentation if possible by our local state agency or health systems agency as to what it feels its areas of involvement may be. I urge you all to attend and if possible ask questions of this organization. So that we may all be aware of what is to come in the future within the guidelines of the law as they have been presented and are to be modified. See you all at the November meeting.

Gardner Cox II, M.D.
October 5, 1975

A SHORT MESSAGE FROM THE PRESIDENT OF THE AMA WOMAN'S AUXILIARY

Special greetings to you all! We're starting a new year in the auxiliary, having come through one of change. We're moving in new directions, as rightly we should, because as each year passes, we're faced with new challenges.

Crises face the medical profession, and we, as doctors' wives, must face them side by side with our husbands. Crises face our communities, and as leaders, we must face them with our neighbors and friends. Crises face us as auxiliary members, for now, more than ever, we must show a unified front and accomplish the goals set for us by these challenges.

The auxiliary can be a vital force in improving the health and health care of America. Our potential—90,000 doctors' wives working together—must be used. We must be involved, both individually and as a group.

Let's make this auxiliary year another step forward. Working side by side we will make a real impact in our communities.

Remember, we *can* do more together.

Mrs. Earle E. Wilkinson
President, AMA Auxiliary

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HILITES OF THE EXECUTIVE COMMITTEE MEETING
September 16, 1975

The Executive Committee convened at 7:40 P.M. in the Conference Room of the HDMS on Tuesday, September 16, 1975.

Present were Drs. Cox, Stoler, Moore, Stoddard, Walthall, Lynn, Teale, Smith, Kraus, Trachtenberg, Stevens, and Mrs. Purdy. Absent were Drs. Bloom and Kelley.

Dr. Boss was present to discuss the Binding Arbitration Plan which the Medico-Legal Committee had worked on for the past two years. Some of the points made by Dr. Boss were that: it is simple and expedient, that it rewards legitimate injured persons, that the attorney does not get a large fee, it removes the case from the court system and that confidentiality of all proceedings is preserved. The plan will be printed in the Hampden Hippocrat. The third draft presented has been approved by the Executive Committee of the Hampden Bar Association. A motion was made and seconded to approve the plan. Discussion followed and it was voted that the medical society reserve the right to bring any amendment back to the Executive Committee for approval. Upon motion duly made and seconded, the committee voted in the affirmative for the amendment as well as the arbitration plan, in its entirety.

The minutes of the July meeting were read by Dr. Stoddard, Secretary, and were approved by the committee as read.

Correspondence:

Dr. Alfano, President of the MMS requested the name of a Councilor to be spokesman at the Council meeting to be held in Worcester. This was deferred until more information is received from Dr. Alfano.

A letter of appreciation was read from Sheriff Ashe for the work done by Dr. Whiting's committee.

Dr. Alfano asked for names of physicians to serve on a study committee on redistricting. The committee asked that the Secretary ask Dr. Alfano if the four western districts are involved.

The AMA through their Public Affairs Division sent a memo on yellow page listing in local telephone books. One suggestion was for HDMS to list at the head of the Physicians and Surgeons stating that complete information on member physicians is available through the medical society. Upon motion duly made and seconded it was voted to have this in the telephone books in the area.

Holyoke Hospital sent an informational letter announcing that a feasibility study is being conducted for an HMC. This was informational and required no action.

No action was necessary on an informational letter sent to all members of the MMS on the Federation.

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Rabbi Jezer from the Congregation Sons of Zion wrote asking for the "blessing" of HDMS on a screening program to be done under the supervision of physicians. The committee voted to approve it as proposed.

Old Business:

The joint meeting of the Springfield Academy of Medicine and the HDMS was discussed. A request did not arrive from the Academy and since the meeting in November is politically oriented it was decided not to pursue it further. Mrs. Purdy will telephone Dr. Machioroli, President, about this meeting.

Liability insurance handled through the JUA state pool of insurers was discussed, with the expected rate increase for December 1, 1975. The JUA statute of limitations of two years was noted. More information will be given at the District meeting to the membership.

Mrs. Purdy reported on the Health and Human Services Committee meeting. The city council has requested a clinic for the elderly. It was pointed out that the $6.00 per patient cost was unrealistic. Future meetings are to be held.

No reply has been received from Dr. Gephart as yet in regard to the nursing home' inquiry of Dr. Dores.

The resolution that the Springfield Academy of Medicine sent to the Council of the MMS was resubmitted. The committee discussed it and reached no decision. Dr. Moore, Chairman of the Finance Committee, indicated that there is very little hope that the Academy would receive any money through refunding as all other medical libraries in the state would also ask.

The correction on page 12 of the original Cervical Cancer proposal of the CA Cooperative has been made as indicated by a letter from Dr. Lewin dated July 21, 1975. A letter of endorsement will now be sent to Cancer Cooperative by the Secretary of the HDMS.

New Business:

Upon motion duly made and seconded it was voted to send Mrs. Purdy to Hawaii to the Clinical meeting of the AMA.

Mr. Raymond Sullivan, Field Representative from the AMA, requested five minutes at the District Meeting on the 23rd of September. Upon motion duly made and seconded it was voted to allow Mr. Sullivan five minutes.

Dr. Sigsbee has transferred to Barnstable District and Mrs. Purdy has written him about his membership.

Dr. Alfano sent a notice to the districts about the President's Leadership Conference to be held in Framingham on September 24, 1975.

Mrs. Purdy reported on future trips through INTRAV.

March 9-23, 1976—South Pacific, New Zealand, Sydney, Tahiti

June or July, 1976—Europe, Zurick, Munich, Vienna

October, 1976—Fly to Majorca, then by ship to Palma, Barcelona, Sicily, Malto, Souse, Tunis, Crete, Mechelos Island, Athens, and then home.

Mrs. Purdy gave a brief report of the proceedings of the planned Health Fair for 1976. More details as the Fair progresses will be reported upon.

The meeting was adjourned at 9:45 P.M.

Submitted by the Secretary,
Philip B. Stoddard, M.D.

Ernest A. Byron, Jr.

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Chairman
Members' Insurance Committee

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Notice To The Membership:

Your HDMS Executive Committee has approved this third rough draft as submitted by the ad hoc committee, chaired by Dr. Eugene Boss, Jr. Please review and retain for future referral. Your comments and suggestions should be forwarded to the Executive Committee via Mrs. Viv M. Purdy. The Executive Committee of the Hampden Bar Association has approved this third draft.

THIRD ROUGH DRAFT

Voluntary Professional Liability Arbitration Plan

PURPOSE

To provide a fair, equitable and speedy system for the resolution of claims alleged to be found in the negligent practice of medicine or rendering of medical services by physicians, hospitals or their employees, herein after referred to as Respondent, or the alleged breach of contract of any physician or hospital with a claimant or those claiming through him. Specifically excluded are all claims which are not clearly attributable to the medical care and treatment of individuals.

AVAILABILITY

This plan may be employed by and against any member of the Hampden District Medical Society or hospital or physician practicing within the geographical area of the Hampden District Medical Society no matter where the alleged act or omission occurred.

SUBMISSION TO ARBITRATION

All claims submitted under this plan shall be in writing and in substantial conformity with the form agreement attached hereto entitled "Agreement for Arbitration," which must be signed by all parties in interest and their insurers, if any. (See appendix A). The signed agreement for arbitration must be accompanied by a fee of $50 paid by the claimant to the president of the Hampden County Bar Association or his appointee to cover costs of administration.

COMPOSITION OF THE HEARING PANEL

The panel will consist of two physicians, two attorneys and a chairman who must be an attorney, preferably a former Judge. A Master List of physicians who are willing to act as arbitrators, shall be prepared by the President of the Hampden District Medical Society; but no doctor so listed need be a member of the Hampden District Medical Society or have a practice within the geographical area encompassed by the Hampden District Medical Society. A Master List of attorneys willing to be arbitrators shall be prepared by the President of the Hampden County Bar Association. The President of the Hampden County Bar Association shall also prepare a Master List of attorneys and former Judges who are willing and qualified to act as a Chairman of an arbitration panel. Physician arbitrators are to be named by the President of the Hampden District Medical Society, and attorney arbitrators and chairmen by the President of the Hampden County Bar Association.

When a claim is made, names of four attorneys, four physicians, and two chairmen shall be submitted to the parties. Any proposed arbitrator or chairman may withdraw. Any party may reject any or all of the arbitrators or chairmen proposed initially. Selection of the final panel shall thereafter be made by the

(CONT. NEXT PAGE)

Presidents of the Hampden District Medical Society and Hampden County Bar Association from those names not rejected from the initial list of proposed arbitrators and chairmen. The Presidents of the two associations shall have the right in any arbitration proceeding, where vacancies exist on the panel, and there are no names remaining on the initial list of arbitrators, to appoint any qualified physician or attorney from the Master List to the panel without the right of rejection of such appointee by any party; and further to appoint any qualified physician or attorney to the Master List at any stage of the proceeding. If a field of medical specialty is involved, one of the physicians selected shall be a specialist in that field.

PRESENTATION OF REQUEST FOR HEARING

After the parties have been notified of the composition of the panel, the claimant or his attorney must submit to the Chairman of the panel within fourteen days of receipt of said notice seven copies of a short, concise statement of all those alleged facts upon which he bases his claim. The claimant shall forthwith distribute copies to the member panel plus two copies to the respondent or his counsel. At any time thereafter, either party may request the Chairman to set a time and place for the hearing.

TYPE OF HEARING

A. Subsequent to the request for hearing, the Chairman shall appoint a time and place for the hearing and cause written notice to be served personally or by certified mail not less than five days before the hearing upon the parties or their counsel. Appearance at the hearing shall constitute a waiver of notice. The arbitrators may adjourn the hearing from time to time, and on request of a party and for good cause, or upon their own motion may postpone the hearing to a time not later than the date fixed by the agreement for making the award, unless the parties consent to a later date. The arbitrators may hear and determine the controversy upon the evidence produced notwithstanding the failure of a party duly notified to appear.

B. The parties shall have the right to be heard, to present evidence material to the controversy and to cross-examine witnesses appearing at the hearing.

C. The hearing shall be conducted by all the arbitrators, but a majority may determine any question and render a final award. If, during the course of the hearing, an arbitrator for any reason ceases to act, the remaining arbitrators may continue with the hearing and determine the controversy. If the Chairman for any reason shall cease to act, one of the attorney arbitrators shall be chosen by the remaining arbitrators to act as Chairman. No award can be made by less than three arbitrators acting in concurrence, and one of the final physician

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arbitrators shall be a specialist in the recognized specialty of the respondent, if any.

D. Any party in interest including insurers shall have the right to be represented by an attorney at any proceeding or hearing under this agreement, but such right may be waived prior to the proceeding or hearing.

E. Witnesses, including parties, may be subpoenaed to attend any hearing; and such subpoenas shall be issued pursuant to Chapter 251, Section 7 of the *General Laws of Massachusetts*.

F. The arbitrators shall hear such evidence and arguments as they may deem necessary to determine the issues raised; and the Chairman of the arbitrators shall be the sole Judge of admissibility, relevancy, competency, materiality, and shall not be bound by the strict rules of evidence; and the arbitrators may give such weight to the evidence as they deem right and proper.

FINDING AND AWARD

The arbitrators, by majority decision, (at least three arbitrators concurring) shall make a finding for the claimant or the respondent by secret vote after free and open discussion among them. A finding for either party shall be binding and conclusive on all matters stemming from the facts alleged by the claimant in the matter. If the arbitrators find for the claimant, they shall determine a monetary amount as an award. The finding shall be in writing and signed by the arbitrators concurring in said finding. The arbitrators shall deliver a copy of the award to each party personally or by registered mail. An award shall be determined and sent to the parties no more than fourteen days after close of the evidence. As is reasonably possible to do so, confidentiality of all proceedings shall be maintained after the award is rendered. After the time for appeal, only a record of the disposition of the case shall be maintained and exhibits returned to the parties.

BINDING ACTIONS

The filing of a claim under this plan shall be considered a dismissal with prejudice of any action pending in any Court by the claimant based on the same facts alleged in his statement of claim.

REVIEW

Review of any action taken by the arbitrators shall be made only pursuant to Chapter 251, of the *General Laws of the Commonwealth of Massachusetts*.

AMENDMENT

This plan may be amended from time to time by majority vote of the Medical Legal Committee and the effect thereof shall be prospective.

APPENDIX "A"
AGREEMENT TO ARBITRATE

Agreement made this _____ day of _____, 19_____,

by the _____, _____,

and _____.

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WITNESSETH:

Whereas a dispute has arisen by the parties hereto having its foundation based in medical malpractice, negligence or contract; and the parties desire to settle said matter without litigation;

Therefore, in consideration of the mutual promises herein contained, the parties hereby submit themselves to the Provisions of *Mass. General Laws* Chapter 251, and the Voluntary Medical Claims Arbitration Plan co-sponsored by the Hampden Medical District Society and the Hampden County Bar Association. The parties further agree that no action or legal proceeding shall be commenced or prosecuted by any of the parties hereto or his executors, administrators or assigns against any other party, his executors, administrators or assigns; and in the event that an action is presently pending, the parties agree that this contract shall supersede any and all such actions.

The award must be rendered unless otherwise agreed by the parties in writing, no later than four months after the date first above written.

WITNESS	CLAIMANT
_____	_____
WITNESS	RESPONDENT
_____	_____
WITNESS	INSURER OF
_____	_____

Editor's Note:

If you and your attorney enjoy good rapport, you may wish to obtain his thoughts and comments.

Notice to Readers

Medical Staff Program Announcements— Policy Statement

At the September 1975 meeting of the Editorial Board of the *Hampden Hippocrat*, a policy statement was developed about the publication of Medical Staff Program announcements in the bulletin. All meetings designed to teach or instruct in the medical and scientific sectors and disciplines of practice will not be accepted. Any meeting designed to edify or instruct in the socio-economic sector of practice will be reviewed by the Editorial Board and published in the appropriate issue of the bulletin, if approved. A lead time of 45 days prior to the deadline on manuscripts must be observed. Meetings, wherein several professions or groups with medical interests meet with our profession as part of or distinct from the Hampden District Medical Society will be considered on an individual basis.

The Editor-in-chief

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

* **WARNING**
This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** *Edema:* That associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. *Mild to moderate hypertension:* Usefulness of the triamterene component is limited to its potassium-sparing effect.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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HYDROCHLOROTHIAZIDE TO HELP KEEP BLOOD PRESSURE DOWN AND TRIAMTERENE TO HELP KEEP POTASSIUM LEVELS UP

Synopsis of The Minutes of The District Meeting of HDMS

September 23, 1975

The first district meeting for 1975-1976 was held on Tuesday, September 23, 1975 at Baystate West Motor Hotel in Springfield.

There were 146 reservations, 138 attended, 12 came without reservations and 20 reserved and did not attend.

Dr. Cox, President, called the meeting to order at 6:30 P.M. when a quorum of 50 members was present.

The minutes of the Annual Meeting were read by Dr. Stoddard, Secretary, and approved by the membership.

Dr. Ayres spoke to the members about the problems connected with liability in Massachusetts. More pertinent information will be in the next newsletter from the Massachusetts Medical Society. Dr. Allan spoke and presented the following resolution:

"Resolved that the Massachusetts Medical Society investigate the feasibility of a Society sponsored and Society run professional liability Insurance Company and that this be accomplished by a special committee on the Executive Board."

Upon motion duly made and seconded it was voted to present this resolution to the Massachusetts Medical Society at the October 8, 1975 Council meeting, under suspension of the rules.

Dr. Cox spoke about the recent changes in the Controlled Substance Act and the importance of the physicians being familiar with these changes. A booklet on this subject, and put out by Pfizer Company, was available at the meeting for the physicians present. If any physician desires a copy of this booklet they should call the medical society offices for this.

Dr. Eugene Boss, Jr. presented the new Arbitration Plan. He outlined the details of the plan. The plan will be printed in the *Hampden Hippocrat* and he advised all physicians to keep this issue for handy referral when needed. Attorney Beaudry was present to speak about the plan. He indicated that it is not necessarily a viable plan. Dr. Boss and Mr. Beaudry were thanked for the many long hours of work that have gone into the planning of this Arbitration Plan.

Mr. Ray Sullivan, Field Representative from the AMA, spoke for a short time. He reported that the total dues paying membership in the AMA this year has reached an all time high. Each physician needs not only the local and state medical societies, but also the AMA—just as we need not only state and local government, but a federal apparatus as well. The organization with the greatest size, representative scope, access to influential circles, talent and credibility is the AMA and it needs the strength that comes from unity.

There being no other new business, the meeting was adjourned at 7 P.M.

A social hour followed and dinner was served at 7:40 P.M.

Dr. Siragusa and Mr. Charles Everett of the Western Massachusetts PSRO spoke. Dr. Siragusa gave an excellent report of the Utilization Review Committee. He explained how the guidelines set up by the HEW are followed. Mr. Everett spoke about the Health Care Foundation of Western Massachusetts and encouraged physicians who are not members to think about joining.

The meeting was adjourned at 9:40 P.M.

Submitted by the Secretary,
Philip B. Stoddard, M.D.

Editorial Comment: We Do It Together —As Always

This October issue of your *Hampden Hippocrat* again brings messages from the distaff side of the three primary societies representing you as organized medicine; the American Medical Association, the Massachusetts Medical Society and the Hampden District Medical Society, from these societies' Woman's Auxiliaries. Uncounted hours of time and devotion are expended by these auxiliaries to make the practice of medicine easier and better for you and your colleagues. Their workings and charges not only reflect but magnify the light from medicine. The ladies thereof, working together at each level, always place their husband and his profession first. Their good works are always directed toward improving life and the conditions of living and they accomplish this through group action and hard work. **This is called togetherness.**

The issue's cover girl is my girl of 24 years (October 13th). She is in her mid-forties and the excellent mother of our four children, who are as proud of her as I. Our paths first crossed in the Emergency Room of the Pennsylvania Hospital and recrossed on a dance floor, a Hanson Cab in New York City and a church in Ashland, Pennsylvania. From there, together, we did the Navy at Pax River, general practice in Taneytown Maryland, residency in Philadelphia, and radiation therapy and family raising in Charlottesville Virginia, Sayre Pennsylvania, Columbus Ohio and then to Springfield in 1964. Never complaining, always at my side she has been and is a near-perfect mate. That which keeps her from perfection is our secret!

The belief in organized medicine and the role it must play, as the physician's spokesman lies deep in both our minds. Throughout our lives together and whenever we could, we joined or contributed to the societies at hand. We do not always hold to the party line but we feel that these societies represent *the* way to express ones thoughts and to deal with conflicting opinions. We both have little time for "complainers" who do little to improve their lot but just babble on—ad nauseum. Strange as it may seem to nonjoiners or to weak performer/participants both of us helping, as best we can in our own way have found that the new thoughts and new challenges have brought us closer together, in spite of the extra hours we spend apart. We each understand the chosen role of the other and how it intertwines through both our lives. The children grew up within this atmosphere of helping others and participating in group action; it seems they too have opted to follow a similar path as they mature. Betsy's "How did it go?" or my "What do you think of this idea?" go a long way in allowing us to share ideas and spirit—a new facet in the gem of togetherness.

She as a nurse and I as a physician dedicated our professional lives to my practice and patients, our social lives to our family and friends and our personal lives to each other. We now feel that further dedication to our fellow nurses and

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physicians, through assuming roles of leadership in our representative societies, is a necessary adjunct of continuing our togetherness. When we retire we want to be able to say that together we tried to make this district, these societies better for all who follow.

As you peruse these pages you will see how Betsy has planned and is working to maintain the forward momentum of the Hampden District Woman's Auxiliary. She wishes to involve more of district physician wives in active roles and she hopes that all members will show their solidarity by participating directly in the White Cap Ball. Her committees and the social programs planned are designed to educate, refresh and provide the auxiliarian with facts and energy to continue the fight to keep American Medicine the best in the world and to keep *the practice of medicine* in the hands, heart and minds of the physician—not the bureaucrat or the pseudo paramedical intervening administrative planner, whose role is to deliver health care, not medicine.

Therefore, I have raised by glass to Betsy, my wife and companion in the practice of medicine, and I wish her administration well—as I hope you all do too. And we shall continue to do it together—as always, until death do us part.

The Editor-in-chief

A BRIEF MESSAGE

From A.M.A. Auxiliary President Elect

MEDICAL SOCIETY LEADERS

You have an AUXILIARY composed of bright, dedicated women eager to be of service to you. They recognize that there are many unmet health needs in their communities. Direct these auxiliary members. They can be of great help to you in carrying out programs and projects you want activated in your community—undertakings that you do not have time for. But, unless you communicate with them, their energies may be spent in less helpful ways.

DOCTOR

Is your wife a member of the Hampden District Medical Society Auxiliary? Auxiliary strength is rooted in the individual member who cares and shares, who reaches out to answer her neighbor's need. Members are our most valuable asset. A strong Auxiliary can get the message of your concern across to the community. Urge your wife to join.

DOCTOR and WIFE CREATE SYNERGY

There's a chemical reaction called "synergy" which means that two elements joined together produce more strength or power than both of them have by themselves. The HAMPDEN DISTRICT MEDICAL SOCIETY and its AUXILIARY CAN DO MORE TOGETHER.

Mrs. Norman H. Gardner (Betty), ***President Elect***
American Medical Association Auxiliary

A Message

From The President of The Woman's Auxiliary To The Massachusetts Medical Society

I do not plan to give a lengthy message, but I wish to take this opportunity to thank, first of all, my predecessor and teacher, Peg, and all of you for the confidence you have placed in me by bestowing on me the honor of the Presidency of the Woman's Auxiliary to the Massachusetts Medical Society.

The Auxiliary has a history of innovative, capable and energetic presidents who have worked hard to be worthy of the trust you have placed in them. In that tradition, and with your assistance, it will be my pleasure to maintain and nurture the high standards of the Woman's Auxiliary to the Massachusetts Medical Society.

However, we are living in times of change in our society. These changes are being reflected in the medical profession and in its societies on all levels—National, State and District.

As Auxilians, we shall keep abreast of all changes and work for the standards of excellence for which the medical profession has always aimed.

But, we must also remember that our auxiliary has initiated very successful programs that have been recognized by other institutions as worthy of honor—programs that are relevant to the needs of our society today. These programs will be continued and new ones added whenever there is a need.

As President, I pledge to work for the stability of the Woman's Auxiliary to the Massachusetts Medical Society and its constituent districts, and in full cooperation with my President Elect, Ann Bouras. But, as we all know, a president can be effectual only with the constant support of her Board and the membership, and this I feel confident I have.

Therefore, at this time, I am appointing each one of you, as Ambassadors of the Auxiliary, to go into your districts and work for the goals and purposes of the medical profession with renewed dedication.

For those who question the value of the Auxiliary, let me say that you can only get out of the Woman's Auxiliary to the Massachusetts Medical Society what you put into it. You set the value.

Mrs. Benjamin Matzilevich (Kay)

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A Message

FROM THE

HAMPDEN DISTRICT AUXILIARY PRESIDENT

In February 1950, the Women's Auxiliary to the Hampden Medical Society was organized with the meeting of 71 physicians wives; today there are nearly 300 members. If all of these members would become as active as their lives will allow them, what a strong voice this Auxiliary could be in support of our physician husbands. If the 200 physicians wives who do not belong joined our ranks, what a powerful voice we would all have!

On September 24th Dr. Louis Alfano, the president of the State Medical Society, invited the state auxiliary president and all the district auxiliary presidents to an afternoon meeting in Framingham. The topics which were discussed on his agenda were national health insurance and the need for mal-practice insurance. In my opinion we auxilians must become aware of all the issues. Yes, we assume we have kept up to date, reading and listening, because these issues have not hit home. For example, if your husband would limit his practice he would still have to pay full premiums. In California, a semi-retired surgeon, working 2-1/2 days, must pay $1200.00 a month—$3600.00 a year—for mal-practice insurance. Just think what that could mean to you and your husband! Your husband couldn't continue to practice. It is essential that all we auxilians and wives become knowledgeable of these issues, discuss them with our legislators and friends and thereby become good ambassadors for our husbands. They need our support and help as they are occupied in the practice of medicine and don't always have the time to relate these issues to their practice. This is a form of togetherness (sharing this knowledge) in which we can participate.

Currently, in this state, physicians are no better off than they were before the new legislation in preventing the squeeze from rising liability insurance premiums until a limit or ceiling is set on the awards which can be adjusted as necessary after experience is gained. The actuarial departments can no longer predict the number of expected cases or the total value to be rendered by the courts.

Our legislative chairman, Cynthia Bye, was very disappointed that the trip to Boston had to be cancelled because of lack of support by the auxilians. It would have been a marvelous time for us to become more informed of our system and to also be able to speak to our legislators.

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At this writing we have a very small group of auxilians going to Stockbridge for the fall State meeting on October 9th. The meeting includes medical and state legislators panel, discussing national health insurance, a *very, very* important issue. It is expected that the first session of the 95th congress will be ready to act upon a bill.

I am sure you are aware of the many proposals and bills which are being studied by the committees in congress, but are your husbands aware of all the ramifications of these bills? Could they write a meaningful letter to their legislators? We can help our husbands therefore by being most knowledgeable ourselves.

The annual White Cap Ball is being held November 1st at the Sheraton West with Burt Mason's orchestra. The proceeds of this ball go toward scholarships for young people from Hampden County who are going into medically related fields. Because of the need for more funds a raffle was started last year. This was necessary because the number of applicants had increased greatly and the amount of the gifts needed to be increased. In today's society our scholarship money must be a meaningful amount, thus we need all the extra monies we can obtain.

March 1976 will be a busy month for we auxilians. A five day Health Fair in which we will educate the public with speakers and films on pertinent health subjects, will demand much of our time. Many volunteers are needed and I hope everyone will become active in this project fulfilling our good ambassador image. Your president-elect Carol Yorzyk has planned a gala evening of Dixieland Jazz on March 6th. This will be a fun-social evening where physicians and wives can become acquainted or reacquainted with one another. (together)

These are some of the highlights for the future. Let us help our husbands in their medical field with our support, our knowledge and our ambassadorships of good will. With unity and togetherness this is our strength, and this strength now is what medicine needs.

Betsy Stevens

Mrs. Walton E. Stevens
President, Women's Auxiliary to Hampden District

* * *

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SOCIAL PROGRAM OF THE AUXILIARY HAMPDEN DISTRICT

Saturday, November 1, 1975

White Cap Ball. Scholarship Dinner Dance, Sheraton West Motel, West Springfield; Mrs. William Walthall, Chairwoman; Mrs. Carl Janovsky, Co-Chairwoman.

Tuesday, December 9, 1975

Holiday Tea. 1:00 p.m., Home of Mrs. Harvey Grant, 84 Woodsley Road, Longmeadow; Mrs. William Sheehan, Chairwoman.

Thursday, February 12, 1976

Valentine Party. 7:00 p.m., Valentine Party for residents of Springfield Hospital; Program—Musical selections by The Goldenairs; Mrs. Richard Miller, Chairwoman.

March 12, 13, 14, 1976

Health Fair. Springfield Civic Center. Times to be announced. Mrs. Charles Leagas, Jr. Chairwoman; Mrs. William Cummings, Co-Chairwoman.

March, 1976

Jazz Concert. Date to be announced. Yankee Pedlar Inn, Holyoke Opera House; Mrs. William Yorzyk, Chairwoman.

Tuesday, May 4, 1976

Annual Meeting. Colony Club, Springfield; Program—10 a.m. Business Meeting, Installation of Officers by Mrs. Benjamin Matzilevich; Guest Speaker—Mr. Perry Mavrelis, Interior Designer; Topic—"Give Your Home a Face Lift"; Social Hour and Luncheon—12 noon; Mrs. George Pelletier and Mrs. Louis Derose, Chairwomen.

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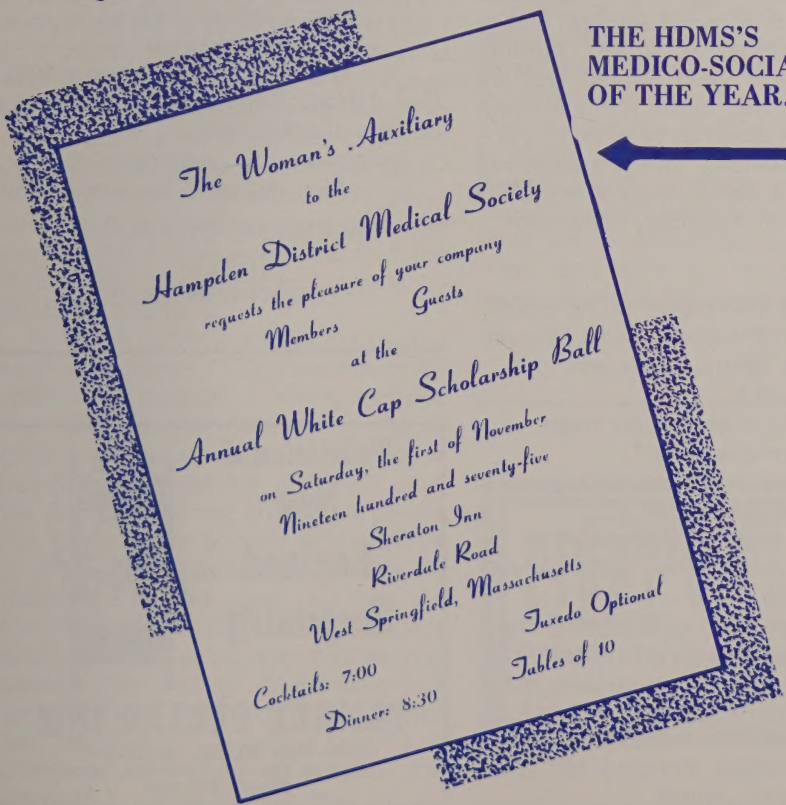

Health Career Scholarship Raffle

Since its inception, the auxiliary has had a keen awareness and commitment to help guide the medical destiny of the young people of Hampden County. While such ideals are laudable, they cannot be achieved without financial assistance. Therefore, the auxiliary has for many years offered funds to benefit high school graduates involved in continued education programs in health fields. Scholarship grants are awarded to Hampden District residents entering or attending established training programs, allowing recipients the option to apply for renewal throughout the duration of their enrollment.

Our yearly fund raiser for this program has been the Annual White Cap Ball. Since the proceeds are inadequate to fulfill the need, additional monies are now raised through a supplemental raffle. A limited number of tickets have been printed and are being distributed to the medical community. Your chances of winning a fine prize are excellent. Winners need not be present at the drawing at the White Cap dance on Saturday, November 1, 1975.

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6. Tuxedo rental donated by Yale-Genton.
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8. 2—Two week sessions of exercises at World Health Center, East Longmeadow.
9. Hand-made Granny Square Afgan.
10. Gift set of Je Reviens, Parisienne Parfum by Worth
11. Seagrams VO, donated by a member.

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To The HDMS Physician:

The Art of Communication and The Wonderful (?) Pocket Pager

Somewhere along about the beginning of mankind, it became necessary to communicate. The earliest forms of communication were grunts which were intended to convey a meaning. Along with these grunts, the next step in this art was a form of sign language. From these simple beginnings, the next step became pictures and hieroglyphics giving us word pictures. From word pictures we have progressed to words and languages, but for most of us we are still in the dark ages. The innocuous phrases that we use that leave room for doubt and interpretation have caused all of us a great deal of grief.

Most members of the Medical Profession have reason to use an answering service. The damned answering service has become the scapegoat for everything that goes wrong in the Doctors' communication skills. In order to communicate effectively, it is necessary for the individual giving orders to make sure that the orders are clear and concise—that there is no room for interpretation or misinterpretation. Most answering services are trying to do the job that the Doctor would like, but, the Doctor effectively ties their hands by doing the following:

At check out time the nurse calls the service and says, "The Doctor is on his way to the hospital." Twenty minutes later the hospital Emergency Room calls and this message is relayed. A half-hour later the ER calls and says the Doctor has not arrived. A phone call to his home and his wife says he is at the Hospital. Another call to the Hospital and they can't find him. An hour later the Doctor calls from home and informs the service that he has been at the Hospital all the time and why didn't we have him paged. Since the introduction by the Telephone Company of "measured service" the answering bureaus have had an increased expense of over $1,000 (one thousand dollars) a month—mostly on wasted calls. It would seem that in the interest of efficiency for all concerned, it would be worth the time and effort to try to have a little more communication between the Doctor and his answering service. When the Doctor arrives at the Hospital, he should sign in or make it known that he is in the house. When he leaves, he should inform his service as to where he is going. I do not feel that it is fair to have to hunt for the Doctor. If he is going to be "lost" I think that he should inform his service so that it won't be necessary to waste calls and time looking for him. I am sure that each of us is aware that this is the bicentennial year. To look at the prime example of poor communication look at the Constitution and the Bill of Rights. Since its inception, we have had countless interpretations of this famous manuscript with very few agreements on what our founding fathers intended.

A few short years ago, there came into existence both a boon and a nuisance for the professions—a new form of communication—the pocket pager. This device now made it unnecessary to inform anyone as to what you were planning to do or where you were going. The only problem that seemed to arise was the inconsistency of the professional people to change their batteries or check the pager to see that it

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was functioning properly at the beginning of each day by calling and paging themselves. Problems arose also as a result of the pager being left at the office, at home, in the locker or at their desk. Professional people seem to be the worst offenders as far as recharging or dropping their pagers and expecting them to function in time of need. One of the limitations of this type of communication is that in certain locations they do not all respond to the signal. There are basically only a few types of pagers—tone only, tone and voice, continuous beeping, intermittent beeping and direct dial. Of all of the pagers in existence at the present time, the direct dial seems to be the most useful. Voice messages through the facilities of your answering services are at the present time the best means of communication. This allows you to decide on the urgency of any patient problems or nuisance calls. One of the best ways of avoiding nuisance calls is to have the answering service screen the problems and to leave a list of "problem patients" with them. Although this does not alleviate the Doctor's responsibilities to these patients, it does allow the service more discretion as to how urgent a problem really is. Do you really want to give condition reports on weekends? Do you feel that it is necessary to refill a prescription on Sunday? Is it really a necessity to take lab reports after hours? If you have a patient who refuses to talk to your associate when you are off call, do you want to be bothered with it? On Sunday, is it necessary to inform you that John Jones was admitted to the Hospital when you have already made arrangements for this to happen? We are aware that no one is admitted without the Doctor making arrangements for same except through the emergency room, and even that is only with your consent except for serious accidents. During all of the years that I have operated a communications center, I have found that the Medical Profession as a group pay less attention to this function of their operation than any other business. How many Doctors have ever visited their service to see exactly how it operates? How many of the Doctors know how to busy out a line so that the number that is connected to the service is the only one that rings? How many are aware that the ring that you get from a telephone instrument is a mechanical ring and that it does not necessarily mean that you have a connection to anywhere? When you get a ring noise in your telephone instrument it does not mean that a connection has been made.

Most Doctors feel that their answering services are not doing a good job. It is a necessary evil in their opinion. When a Doctor is friendly to the employees of a service bureau, they usually find that the girls are friendly and considerate of their patients. When they are *gruff* they usually find that their imperious attitudes scare the girls that are really working for them and it causes them to make more errors. Telephone numbers are usually one of the major problems that Doctors have.

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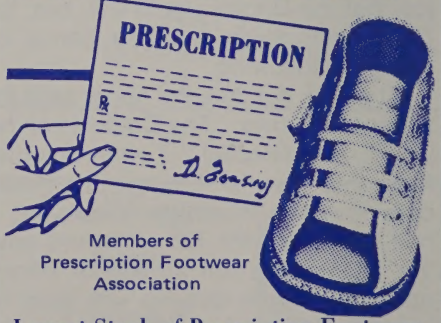

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Most of the girls repeat the number that has been taken, and then relay this to the Doctor. The girls are not nurses, they are not trained to evaluate Medical Emergencies, but one of the necessary attributes to a girl working at any service bureau is common sense. Training girls to work at a service bureau is a time consuming and costly job. The clients of most services are only interested in getting their messages and don't seem to understand the importance of having trained operators. Not everyone can be a telephone answering service operator—it takes a special type of person who is interested in peoples problems and doesn't get too easily upset—it takes a person who can take a great deal of verbal abuse and who can still smile and joke. Doctors have no idea of the abuse that patients give their answering service, and, every once in a while when an operator has listened to insults most of the day from these refined genteel clientel who insist that you haven't given the Doctor their message, then the Doctor says "I'll call them tomorrow" with no thought or regard for the people to whom they pay approximately five cents an hour. I figure this rate by counting 720 hours per month for which I pay operators to sit and answer your phone on a twenty-four hour per day basis. When there are several Doctors using the same line the rate is figured accordingly. I'm sure that the nurses in your offices get a great deal more than the five cents an hour and yet we are expected to act as your nurse, your secretary and your private whipping boys.

Leonard Colen, Director
The Message Center

Editor's Note: A not so gentle prod from a service designed to help us. As a physician who has tried to reach another, I can vouche for the difficulties mentioned above. Thus, fellow physicians, shall we try to make life easier for all? The service is wonderful but only you can make it work.

WES

Special To The Readers

To: Members of the MGH Staff
Re: New Malpractice Legislation

In an effort to stem the current dilemma with respect to medical malpractice, the Massachusetts Legislature passed House Bill #6315 in late June. The salient points of this legislation are as follows.

The Board of Registration in Medicine is dissolved and replaced with a so-called "Board of Registration and Discipline in Medicine." The activities of the newly created Board are substantially the same as the old Board with respect to licensure but include renewal of licenses (apparently just a formality) after January 15, 1976 at two year intervals. In addition, the newly created Board is charged with the responsibility of evaluating claims and complaints relating to the proper practice of medicine. The Board is granted power to revoke, suspend or otherwise discipline a physician upon satisfactory proof that said physician:

a. fraudulently procured a certificate of registration,
b. is guilty of an offense against any provision of the laws of the Commonwealth relating to the practice of medicine,
c. is guilty of gross misconduct in the practice of medicine, practicing medicine fraudulently or beyond its authorized scope, practicing medicine with gross incompetence, with gross negligence, or negligence on repeated occasions,
d. is guilty of practicing medicine while the ability to practice is impaired by alcohol, drugs, physical disability or mental instability,
e. is guilty of being habitually drunk or being or having been addicted to, dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens or drugs having similar effects,

(OVER PLEASE)

f. is guilty of knowingly permitting, aiding or abetting an unlicensed person to perform activities requiring a license for purposes of fraud, or
g. is guilty of violating any rule or regulation of the Board governing the practice of medicine.

Under the newly enacted legislation, the Commissioner of Insurance is responsible for evaluating, fixing and establishing fair and reasonable classifications of risks and adequate, just, reasonable and non-discriminatory premium charges in connection with the issuance of *any* medical malpractice insurance in the Commonwealth. (Hopefully then, the prices charged for malpractice coverage will be more reasonable under the new law.) It is important to note here that no company shall be authorized to issue a policy of medical malpractice insurance in Massachusetts unless it makes a mandatory offer to issue to the purchaser of such a policy, *at his election*, coverage on *either* a claims made or occurrence basis. Under a traditional "occurrence" policy, the physician will be covered for any claim arising out of an incident occurring during the policy period irrespective of when that claim is made. Under a "claims made" system, the physician will be covered for a claim made during the term of policy irrespective of when the incident took place or which carrier provided coverage at the time of the incident. The present carrier is the responsible carrier under this arrangement.

The new legislation provides for the establishment of a tribunal wherein every action for malpractice, error or mistake against a *provider* of health care will be evaluated. This tribunal will be composed of a single justice of the Superior Court, a physician and an attorney. The single justice of the Court will select the physician from a list submitted by the Massachusetts Medical Society and, likewise, the attorney from a list submitted by the Massachusetts Bar Association. All actions must be submitted to this "arbitration" panel for review prior to initiation of any lawsuit. Under the law, the rule of evidence to be followed during this proceeding is limited to such evidence ". . . as a reasonable mind might accept as adequate to support a conclusion." This departure from usual and customary rules of evidence hopefully will permit a full airing of all facts prior to courtroom litigation. If a finding is made for the doctor in any such pre-trial proceeding, the patient still has the option of pursuing the case through the courts but is required to post a bond of at least $2,000 to cover costs assessed, including attorneys' fees, if the patient does not prevail in the final judgment. It is interesting to note (and a very critical point of the bill) that the testimony and evidence submitted during the tribunal procedure *is admissible* in the subsequent courtroom proceeding.

A significant attribute of the legislation provides that in such a hearing and in any writ should a court action ensue, no monetary amount will be specified. The only question considered is whether or not negligence has occurred. If the physician is found guilty of negligence, then the amount of damages will be determined by a jury in a court of law.

The statute of limitations in Massachusetts for malpractice runs three years from the date of the occurrence (as opposed to the date of discovery of the occurrence), unless there has been fraud in concealment of the facts from the patient. One longstanding issue has been the case of the minor who could wait until he attained the age of majority before commencing a court action. This left a time period of up to 18 years or more from the date of an incident occurring at or near birth. Under the new law, a minor has three years from the date of the incident to commence an action unless the minor was under the age of six at the time of the alleged occurrence. In that one exception, that minor has until age

(NEXT PAGE PLEASE)

nine to bring an action against a provider.

One of the most significant aspects of the bill provides for the creation of a Joint Underwriting Association (JUA) consisting of all insurers authorized to write casualty insurance in the Commonwealth of Massachusetts. Under the provisions of the bill, every such insurer is required to contribute an as yet unspecified number of dollars to a pool to provide insurance for medical malpractice to any hospital or physician who has made a reasonable effort to obtain insurance and has been unable to do so. The Insurance Commissioner shall set the rates and risk classifications for such insurance. Furthermore, it must be offered to each applicant on *either* a claims made or occurrence basis. I am informed that the Insurance Commissioner's office has already undertaken operation of this Joint Underwriting Association. Applications may be made thereto by contacting Mr. David Webster at 482-3100.

There are numerous other aspects of the bill which are interesting but not critical to the provision of adequate malpractice insurance for health care providers in Massachusetts. If you have any questions concerning the operation of the bill or of any particulars, such as the difference between "claims made" and "occurrence" bases, please do not hesitate to contact me at any time.

James M. Vaccarino
Director of Legal Affairs
The Massachusetts General Hospital
25 July 1975

Editor's Note:

This letter was sent to staff members of the Massachusetts General Hospital. It seemed very timely and worthwhile for a wider audience distribution and permission has been given to enclose it in your *Hippocrat.*

1975 - 1976

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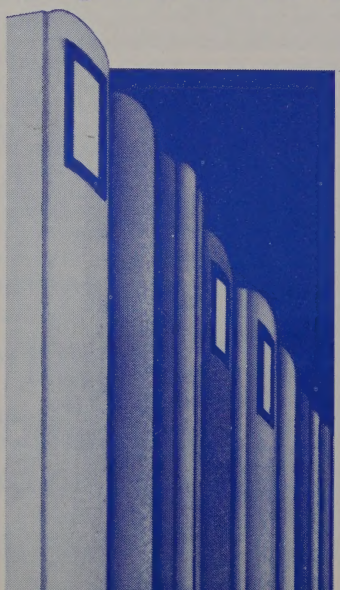

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